

RETURN TO CIO 102  
Background Use Only  
Do Not Remove

CONFIDENTIAL  
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Do Not Remove

169102

The Privacy Act, Public Law 93-579, requires that Federal agencies inform individuals when they are asked to provide their Social Security Account Number (SSN) whether the disclosure is mandatory or voluntary, by what authority such number is solicited and what uses will be made of the SSN. Disclosure by you of your SSN is voluntary. The authority for this solicitation is Executive Order 9397. The SSN is used as an identifier in removing your authorized access to the Designated Special Project(s). Failure to provide your SSN may delay the processing required in access authority removal.

### TERMINATION SECRECY AGREEMENT

1. I acknowledge that by virtue of my duties I have been exposed to or the recipient of classified information, which, in itself, or by the implications drawn from it, is highly sensitive and its unauthorized disclosure or negligent handling could adversely affect the interests of the United States. I am aware that the unauthorized disclosure of classified information is prohibited by the Espionage Laws (18 U.S.C., Sections 793, 794 and 798) and that a violation of these laws may subject me to prosecution by the U. S. Government.
2. I hereby reaffirm my pledge that I will never publish or reveal by any means such information. I agree further that I do not now, nor will I ever, possess any right, interest, title or claim whatsoever to such information. I recognize the full and vested property right of the United States in such matters.
3. I certify that I have surrendered and no longer have in my possession or custody any classified information or material acquired as a result of this association.
4. I further acknowledge and agree that I have a continuing individual responsibility to the United States Government for the protection of such information and that the termination from this relationship with my employer and/or the United States Government does not relieve me of my obligations under this oath or any other previously executed Secrecy Agreements. I understand that I will not be relieved of these obligations except when specifically advised in writing by the sponsoring activity of the U. S. Government.
5. I understand that this oath may be retained by the U. S. Government for its future use in any manner within the scope of this oath.
6. I take this obligation freely, without any mental reservation or purpose of evasion and in the absence of duress.

NAME OF WITNESS (Type or Print)	NAME (Type or Print)
Theodore M. Anderson	Clare Booth Luce
SIGNATURE OF WITNESS	SIGNATURE
REMARKS	NAME & ADDRESS OF AFFILIATION WH/PFIAB SOCIAL SECURITY NUMBER: 064-18-3062
24 [ZOD, PI, TO, ACR, MAT, BO]	DATE 23 March 76